

MANCHESTER PUBLIC SCHOOLS
TOWN OF MANCHESTER, CONNECTICUT PENSION PLAN
DESIGNATION OF BENEFICIARY

CHECK ONE: INITIAL DESIGNATION _____ CHANGE TO DESIGNATION _____

PLEASE PRINT LEGIBLY

EMPLOYEE NAME: _____ **DATE OF BIRTH:** _____

STREET ADDRESS: _____ **SOC. SEC.#:** _____

CITY/STATE/ZIP: _____ **PHONE:** _____

Beneficiary Name (complete legal name required)	Relationship	CHECK ONE: ___ Primary ___ Contingent	Percent
Street address:	Social Security #	Date of Birth (mm/dd/yyyy)	
City/State/Zip:			
Beneficiary Name (complete legal name required)	Relationship	CHECK ONE: ___ Primary ___ Contingent	Percent
Street address:	Social Security #	Date of Birth (mm/dd/yyyy)	
City/State/Zip:			
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EMPLOYEE SIGNATURE

DATE

WITNESS TO SIGNATURE

TITLE

DATE